MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04013 04002

1. DECEASED-NAME (Type or print): First WALTER Middle A. Last BAILEY
2a. DATE OF DEATH: Month MAR 3 Day 68 Year
2b. HOUR: 5:30 P M
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: 8-2-78
6. AGE (In years last birthday): 89 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Va
7b. CITIZEN OF WHAT COUNTRY?: U.S.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: CHARLES Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS MEM
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): LUMBER
12b. KIND OF BUSINESS OR INDUSTRY: LUMBER
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md
13b. COUNTY: Charles
13c. CITY OR TOWN: La Plata
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: —
14. FATHER'S NAME: First Hamlett Middle Last Bailey
15. MOTHER'S MAIDEN NAME: First Francis Middle Last Bailey
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.
17. INFORMANT: Daughter Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE
431.9
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
331 X

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3-27, 1968, to 3-31, 1968, that (I) (we) last saw the deceased alive on 3-31, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: F M Johnson DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1 Apr 68
22d. PHYSICIAN'S NAME (Type): F. M. JOHNSON M.D.
22e. ADDRESS: LA PLATA, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 4/3/68
23c. NAME OF CEMETERY OR CREMATORY: Mt Pisgah Ch. Cemetery
23d. LOCATION (City or Town) (County) (State): Goochland Va
24. FUNERAL DIRECTOR: J. Norman ADDRESS: Goochland Va
25a. REC'D BY REGISTRAR DATE: APR 5 1968
25b. REGISTRAR'S SIGNATURE: J Charles Jones

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04020

CERTIFICATE OF DEATH

04003

1. DECEASED-NAME (Type or print) First Middle Last: Mary Eliza Bette
2a. DATE OF DEATH Month Day Year: 3-30-68
2b. HOUR: 8:30 AM
3. SEX: Female
4. RACE: Negro
5. DATE OF BIRTH: 2-18-1873
6. AGE (In years last birthday): 95 YRS. | IF UNDER 1 YEAR: MONTHS DAYS | IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): Fairfax Co. Va.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Charles County Md.
10. CITY OR TOWN OF DEATH: Bryans Road Md
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): LaPlata Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Baltimore Md.
13b. COUNTY: Balto.
13c. CITY OR TOWN: Baltimore Md
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 5529 Belville Ave
14. FATHER'S NAME First Middle Last: John Evans
15. MOTHER'S MAIDEN NAME First Middle Last: Julia Everett
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No
16b. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT Address: Mary Morton-Daughter-Bryans Road Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion	Immediate
DUE TO, OR AS A CONSEQUENCE OF (b) Arterio Sclerosis General	Indefinite
DUE TO, OR AS A CONSEQUENCE OF (c) Aging Process	Indefinite

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

4201

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 3-23-68, 19___, to 3-30-68, 19___, that (I) (we) last saw the deceased alive on 3-30-68 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E. Andrews
DEGREE | ATTENDING PHYS. ☒ | MED. DIRECTOR ☐ | STAFF PHYS. ☐
22c. DATE SIGNED: 3-30-68
22d. PHYSICIAN'S NAME (Type): James E. Andrews
22e. ADDRESS: Indian Head Md

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: Apr. 3 1968
23c. NAME OF CEMETERY OR CREMATORY: Church Cemetery (Bethel Baptist Church)
23d. LOCATION (City or Town) (County) (State): South Boston, Virginia
24. FUNERAL DIRECTOR ADDRESS: ... ON FUNERAL HOME 2302 W North Ave Balt. 17 Md / Pomonkey Md
25a. REC'D BY REGISTRAR DATE: APR 4 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

62 03 2

X

1

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04021 04004

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ROBIN	L.	BURNLEY	3	10	68	8:20 AM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
F	W	3-10-68	— YRS.		4.5

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Maryland	Charles U.S.A.	NEVER MARRIED [XX]	Charles Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
La Plata	Physicians Memorial Hospital	None-Infant	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Charles	La Plata	YES [ ] NO [XX]	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
William	Samuel	Burnley III	Gloria	Jean	H Yuliis

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		None	William S. Burnley-Father-La Plata, Md	Box 662

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) respiratory failure
DUE TO, OR AS A CONSEQUENCE OF (b) Congenital spinabifida, Hydrocephalus
DUE TO, OR AS A CONSEQUENCE OF (c) and general malformation

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7410

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 45 min.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
7512

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [✓]	

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 3-10, 1968, to 3-10, 1968, that (I) (we) last saw the deceased alive on 3-10 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
F M Johnson	ATTENDING PHYS. [✓] MED. DIRECTOR [ ] STAFF PHYS. [ ]	3-11-68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
F M. JOHNSON M.D.	LA PLATA, Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	3/11/1968	Trinity Memorial Gardens	Waldorf, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc. La Plata, Md.	MAR 13 1968	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04022 04003

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR XC16 (4) 30M REV. 1/68

1. DECEASED-NAME (Type or print) First / Middle / Last	Henry Dashiell Burroughs	2a. DATE OF DEATH Month Day Year	3-4-68
		2b. HOUR	5;15 PM
3. SEX	Male	4. RACE	White US
5. DATE OF BIRTH	8-6-1893	6. AGE (In years last birthday)	74 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN			
7a. BIRTHPLACE (State or foreign country)	Indian Head Md	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Charles County Md
10. CITY OR TOWN OF DEATH	Indian Head Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	17 Irving Place
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Retired-Govt.Worker	12b. KIND OF BUSINESS OR INDUSTRY	Administr
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Charles
13c. CITY OR TOWN	Indian Head Md	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	Yes
13e. STREET AND NUMBER	17 Irving Place Indian Head Md		
14. FATHER'S NAME First / Middle / Last	Henry Perry Burroughs	15. MOTHER'S MAIDEN NAME First / Middle / Last	Emma S.Suite
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	220-44-0280
17. INFORMANT Address	Son-Henry D.Burroughs Jr.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion Massive — Approximate interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b) Gastrointestinal Virus — 12-Hours

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None #201

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) ~~this physician~~ attended the deceased from 3-4-68, 19____, to 3-4-68, 19____, that (I) (we) last saw the deceased alive on 3-4-68 19____, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	James E Andrews	DEGREE	ATTENDING PHYS. [X]	MED. DIRECTOR [ ]	STAFF PHYS. [ ]
22c. DATE SIGNED	3-5-68				
22d. PHYSICIAN'S NAME (Type)	James E.Andrews MD	22e. ADDRESS	Indian Head Md		

23d. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Burial	3/7/1968	St. Charles Cemetery	Glymont , Maryland	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	MAR 7 1968	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home,Inc.-La Plata,Md.				

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04023

CERTIFICATE OF DEATH

04006

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Donald	A.	BUSHEY	March	20	1968	12 Noon

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	CAU.	JAN. 12, 1882	86 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
PENN.	U.S.A.	WIDOWED ☒	CHARLES Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
LA PLATA	PHYSICIANS MEMORIAL	N.P.F.	GOVT.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MD.	CHARLES	INDIAN HEAD	YES ☒ NO ☐	35 MATTINGLY AVE.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JOHN	R.	BUSHEY	MARY		ADAMS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
NO	220-48-3616	ALBERT BUSHEY, INDIAN HEAD, MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis generalized. — Years

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4201 Diabetes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☑ NO ☐	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 28 Feb, 19 68, to 20 Mar, 19 68, that (I) (~~we~~) last saw the deceased alive on 20 March 19 68, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Arthur Wooddy M.D	M.D	☑	☐	☐	20 Mar 68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ARTHUR S. WOODDY. MD	LA PLATA. MARYLAND 20646

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	3-22-68	POHICK CEMETERY	POHICK VIRGINIA

24. FUNERAL DIRECTOR ADDRESS	25a. RECEIVED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
HUNTT FUNERAL HOME, WALDORF, MD.	MAR 26 1968	

VR A15 (4)
30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)-
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04024

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
Ida Regina		COPSEY	March 7		1968	11:55 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
Female	White	July 24, 1893	74 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Md.	USA		Charles Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
La Plata	Physicians Memorial Hosp.	Housewife	Domestic

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Charles	Indian Head	YES ☒ NO ☐	12 Kenwood Place

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Robert Murphy	Ida Pilkerton

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address	
No	212-18-9629	James Luther Copsey	Indian Head, Md. 12 Kenwood Place

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarct	2 hrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Cardiovascular disease	3 years
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

4

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 7 Mar, 1968, to 7 Mar, 1968, that (I) ~~(we)~~ last saw the deceased alive on 7 Mar 1968, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death. 11:55 PM

22b. SIGNATURE	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	22c. DATE SIGNED
A. Woody MD	MD	☒	☐	☐	8 Mar 1968

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ARTHUR O. WOODDY	LA PLATA, MD

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR ~~CREMATORY~~	23d. LOCATION (City or Town) (County) (State)
Burial	3-11-68	Sacred Heart	La Plata Charles Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Huntt Funeral Home Waldorf, Md. 20601	MAR 14 1968	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 (M) 64025

- 1. DECEASED-NAME (Type or print) — First: JAMES — Middle: R. — Last: GRAY, JR.
- 2a. DATE OF DEATH — Month: MARCH — Day: 8 — Year: 1968
- 2b. HOUR: 11:30 AM
- 3. SEX: Male
- 4. RACE: Colored
- 5. DATE OF BIRTH: 6/3/25
- 6. AGE (In years last birthday): 42 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
- 7a. BIRTHPLACE (State or foreign country): Marbury md
- 7b. CITIZEN OF WHAT COUNTRY?: USA
- 8. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
- 9. COUNTY OF DEATH: CHARLES. Md.
- 10. CITY OR TOWN OF DEATH: LAPlaTA Md.
- 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): La Plata
- 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): STOREManager
- 12b. KIND OF BUSINESS OR INDUSTRY:
- 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYland
- 13b. COUNTY: Charles
- 13c. CITY OR TOWN: MArbury
- 13d. INSIDE CITY LIMITS? YES [ ] NO [ ]
- 13e. STREET AND NUMBER: Rt. 224 20658
- 14. FATHER'S NAME — First: JAMES — Middle: R. — Last: Gray, SR.
- 15. MOTHER'S MAIDEN NAME — First: Mary — Middle: Belle — Last: Proctor
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service): no
- 16b. SOCIAL SECURITY NO.:
- 17. INFORMANT — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	10 hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Tumor in mediastinum	4 months
DUE TO, OR AS A CONSEQUENCE OF (c)		

2315

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

- 19a. DATE OF OPERATION:
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
- 20a. AUTOPSY? YES [ ] NO [x]
- 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
- 21b. TIME OF INJURY — HOUR A.M. P.M. — Month — Day — Year 19
- 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
- 21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
- 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
- 21f. LOCATION — Street or R.F.D. No. — City or Town — County — State

22a. I certify that (I) (this hospital) attended the deceased from 1 March, 1968, to 8 March 1968, that (I) (~~we~~) last saw the deceased alive on 8 March 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (~~did not~~) view the body after death

- 22b. SIGNATURE: A. O. Woody MD — DEGREE — ATTENDING PHYS. [x] MED. DIRECTOR [ ] STAFF PHYS. [ ]
- 22c. DATE SIGNED: 8 March 1968
- 22d. PHYSICIAN'S NAME (Type): ARTHUR O. WOODDY, M.D.
- 22e. ADDRESS: LA PLATA, MARYLAND 20646
- 23a. BURIAL, CREMATION, REMOVAL (Specify): B
- 23b. DATE: 3/11/68
- 23c. NAME OF CEMETERY OR CREMATORY: St. Catholic Church
- 23d. LOCATION (City or Town) (County) (State): Pomonkey Md
- 24. FUNERAL DIRECTOR: Alethea L. McCummon Funeral Home — ADDRESS: 2326 North Ave Balt Md
- 25a. REC'D BY REGISTRAR — DATE: MAR 12 1968
- 25b. REGISTRAR'S SIGNATURE: Charles [illegible]

VR A15 (4)
30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 & 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0402 0400

1. DECEASED-NAME (Type or print) First: George	Middle: Arthur	Last: Mathisen	2a DATE OF DEATH Month: 3 Day: 31 Year: 68	2b HOUR: 3:30 PM
3. SEX: Male	4. RACE: White -US	5. DATE OF BIRTH: 11-13-1915	6. AGE (In years last birthday): 52 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a BIRTHPLACE (State or foreign country): Brooklyn.NY	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.		
10 CITY OR TOWN OF DEATH: LaPlata Md	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Govt. worker	12b KIND OF BUSINESS OR INDUSTRY: Mfg.		
13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE: Maryland	13b COUNTY: Charles	13c CITY OR TOWN: Indian Head Md	13d INSIDE CITY LIMITS? YES [ ] NO [ ]: Yes	13e STREET AND NUMBER: 14-Pine St.	
14. FATHER'S NAME First: Julius	Middle:	Last: Mathisen	15 MOTHER'S MAIDEN NAME First: Barthold	Middle:	Last: Wessel
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 102-03-8452	17 INFORMANT: Mrs Charlotte Mathisen Wife	Address: Indian Head 14- St.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Myocarditis Acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 31-Days

440.9

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Arterio Sclerosis General — Indefinite

DUE TO, OR AS A CONSEQUENCE OF (c) Aging Process — Indefunite

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

42

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 2-29-68, 19____, to 3-31-68, 19____, that (I) (we) last saw the deceased alive on 3-31-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: James E. Andrews DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS [ ] — 22c DATE SIGNED: 3-31-68

22d PHYSICIAN'S NAME (Type): James E. Andrews MD — 22e ADDRESS: Indian Head Md.

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 4-3-68	23c NAME OF CEMETERY OR CREMATORY: OAKLAND	23d LOCATION (City or Town) (County) (State): OWENS, KING GEORGE, Va.	
24 FUNERAL DIRECTOR: NASH & SLAW	ADDRESS: NINDE, Va.	25a. REC'D BY REGISTRAR DATE: APR 2 1968	25b REGISTRAR'S SIGNATURE: J. Charles Judge	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with [illegible]. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fine pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A1SME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print)	First: ERNEST	Middle: DENT	Last: MITCHELL	2a DATE KNOWN / ESTIMATED OF DEATH	Month: 3	Day: 27	Year: 68	2b HOUR: 4 M
3 SEX: Male	4 RACE: Negro	5. DATE OF BIRTH: 2/17/1899	6. AGE (in years last birthday): 69 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c DATE PRONOUNCED DEAD: Month 3	Day 28	Year 68	2d HOUR: 9 M
7a BIRTHPLACE (State or foreign country): Charles, Md.	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Charles Md.						
10 CITY OR TOWN OF DEATH: Hughesville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): (Rural)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer-Retired	12b KIND OF BUSINESS OR INDUSTRY: Farming						
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c CITY OR TOWN: Hughesville	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: (Rural)					
14. FATHER'S NAME First: John Wesley	Middle:	Last: Mitchell	15. MOTHER'S MAIDEN NAME First: Alice	Middle:	Last: Curtis				
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	If Yes, give war or dates of service: YES	16b. SOCIAL SECURITY NO.: 212-56-0260	17 INFORMANT: Mrs. Beatrice Mason-Friend	ADDRESS: Md. Hughesville					

MEDICAL CERTIFICATION

B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-27-68

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Chronic Hypertension — 3-27-68

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒ XX
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town: Hughesville / County: Charles / State: Md

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒ XX Inquiry ☒ XX and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. J. Edelen M.D.

EXAMINER'S NAME (Type): E. J. Edelen, M.D. -La Plata, Md.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 3-28-68

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 3-30-68	23c NAME OF CEMETERY OR CREMATORY: St. John's Ch. Cem.	23d LOCATION (City or Town): Hughesville	(County): Chas Co. (State): Md.
24 FUNERAL DIRECTOR: Martell	ADDRESS: Adams Cigar Co, Md.	25a REC'D BY REGISTRAR DATE: APR 5 1968	25b REGISTRAR'S SIGNATURE: Charles Yingling	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04028

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or Print) First: Frank	Middle: A.	Last: Norville					
2a DATE KNOWN OF DEATH ESTIMATED ☐	Month: 3	Day: 5	Year: 19 7	2b HOUR: 30 PM			
3 SEX: Male	4 RACE: W-US	5 DATE OF BIRTH: 8-25-189[illegible]	6 AGE (In years last birthday): 76 77 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c DATE PRONOUNCED DEAD: Month 3-5-1968 Day Year 19 7	2d HOUR: 30PM
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Charles County Md				
10 CITY OR TOWN OF DEATH: xin LaPlata Md	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Rt. Farmer	12b KIND OF BUSINESS OR INDUSTRY: Farming				
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Charles County	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: Piney Church Rd. Rt=1			
14 FATHER'S NAME First Middle Last: Stanislaus Norville	15 MOTHER'S MAIDEN NAME First Middle Last: Roaalia Kedzirski						
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 218-34-7022	17. INFORMANT: John J. Norvelle-Brother	ADDRESS: 202-Wampler Rd Balto Md.				

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Coronary Occlusion — Approximate interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b) Arterio Sclerosis General — Indefinite

DUE TO, OR AS A CONSEQUENCE OF

(c) Aging Process — Indefinite

4109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

T+

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No / City or Town / County / State

22a I **certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: James E. Andrews MD

EXAMINER'S NAME (Type): James E. Andrews MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐

22b DATE SIGNED: 4-6-1968

ADDRESS (Street, city, town, or county): Indian Head Md

23a BURIAL CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 3-8-68	23c NAME OF CEMETERY OR CREMATORY: St. Peters	23d LOCATION (City or Town) (County) (State): WALDORF CHARLES MD
24 FUNERAL DIRECTOR: HUNTT FUNERAL HOME	ADDRESS: WALDORF, MD.	25a. REC'D BY REGISTRAR DATE: MAR 12 1968	25b REGISTRAR'S SIGNATURE: Charles Judge

VR A1SME (5) 10M REV. 1/68

Item 6 File C390
4/1/68 kk 052

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED-NAME (Type or Print) First: Gus	Middle:	Last: Lazarus Orphanides	2a DATE KNOWN OF DEATH / ESTIMATED ☐: Month XX Day Year 3-25-68 19	2b HOUR: PM 1-30
3 SEX: Male	4 RACE: W-US	5 DATE OF BIRTH: Dec. 26, 1896	6 AGE (In years last birthday): 71 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month 3- Day 25- Year 19 68	2d. HOUR: 1-30 PM

7a BIRTHPLACE (State or foreign country): Asia Minor	7b CITIZEN OF WHAT COUNTRY?: USA	8 MARRIED XX / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐	9 COUNTY OF DEATH: Charles County Md	
10 CITY OR TOWN OF DEATH: Indian Head Md	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): XXXXXXd Retired	12b. KIND OF BUSINESS OR INDUSTRY	
13a USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: Maryland	13b COUNTY: Charles	13c CITY OR TOWN: Indian Head Md	13d INSIDE CITY LIMITS? YES XX / NO ☐	13e STREET AND NUMBER: 18-Fairmont Place Pot.Hts Indian Head Md

14 FATHER'S NAME First Middle Last: Lazarus Orphanides	15 MOTHER'S MAIDEN NAME First Middle Last: Aspasia Boudoure		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 242-18-6822	17 INFORMANT ADDRESS: Mrs George Speliopoulos-Neice 20-Mandalay Rd.Springfield Mass	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROX. INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion-Massive	Immediate
DUE TO, OR AS A CONSEQUENCE OF (b)	Arterio Sclerosis General	Indefinite
DUE TO, OR AS A CONSEQUENCE OF (c)	Aging Process	Indefinite

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
420.

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☐ NO X

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 8)		
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No	City or Town	County / State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection XX, Inquiry XX, and in my opinion death resulted from Natural Causes XX, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): James E.Andrews Indian Head Md
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MED CAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER XX
22b. DATE SIGNED: 3-25-68
ADDRESS (Street, city, town, or county): Indian Head Md

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 3/28/1968	23c NAME OF CEMETERY OR CREMATORY: Lakeview Mem. Park	23d LOCATION (City or Town) (County) (State): Greensboro , North Carol	
24 FUNERAL DIRECTOR: Arehart Funeral Home, Inc.	ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.	25a RECD BY REGISTRAR DATE: MAR 27 1968	25b REGISTRAR'S SIGNATURE: [signature]	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any deaths occur. If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ME 5 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 DECEASED NAME (Type or Print) First: George	Middle:	Last: Proctor	2a DATE OF DEATH KNOWN ☒ / ESTIMATED ☐ Month: March	Day: 29	Year: 1968	2b HOUR: 9:55 AM
3 SEX: male	4 RACE: negro	5 DATE OF BIRTH: May 8, 1913	6 AGE (In years last birthday): 54 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c DATE PRONOUNCED DEAD: Month / Day / Year 19	2d HOUR: M
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U.S.A	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Charles				Md
10. CITY OR TOWN OF DEATH: Charlescount md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Laplata Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): laborer	12b KIND OF BUSINESS OR INDUSTRY: const.				
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Tompkinsville	13d INSIDE CITY LIMITS? YES ☐ NO ☐	13e STREET AND NUMBER			
14 FATHER'S NAME First: George	Middle:	Last: Proctor	15. MOTHER'S MAIDEN NAME First: Cora	Middle:	Last: Green		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b SOCIAL SECURITY NO.: 219-10-6132	17 INFORMANT: George T Proctor	ADDRESS: Washington DC			

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Hemorrhage from lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-29-68

DUE TO, OR AS A CONSEQUENCE OF

(b): Cancer of Lung — 12-67

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last

162.1

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

163X

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES ☐ NO ☐
21a EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. J. Edelen M.D

EXAMINER'S NAME (Type): E. J. EDELEN M.D

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b DATE SIGNED: 4-1-68

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
	4-2-68	Christ cemetery	Issue Maryland

24a FUNERAL DIRECTOR: GERMMON FUNERAL HOME — ADDRESS: Pomonkey md — 25a RECD BY REG STRAR: APR 4 1968 — 25b FUNERAL DIRECTOR'S SIGNATURE: [illegible]

VR A15ME (5)
10M REV 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 1.5(4)-30M REV-11/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

04031 — 04614

1. DECEASED-NAME (Type or print): First Harry; Middle Wills; Last Rice
2a. DATE OF DEATH: Month Mar 5; Day; Year 1968
2b. HOUR: 10:45 AM
3. SEX: MALE
4. RACE: CAU.
5. DATE OF BIRTH: JUNE 18, 1895
6. AGE (In years last birthday): 72 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: CHARLES Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): PHYSICIANS MEM. HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARMER
12b. KIND OF BUSINESS OR INDUSTRY: TOBACCO
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: CHARLES
13c. CITY OR TOWN: CHARLOTTE HALL
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: NONE
14. FATHER'S NAME: First JOHN; Middle RICHARD; Last RICE
15. MOTHER'S MAIDEN NAME: First CARRIE; Middle; Last ROLLINS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 217-36-6730
17. INFORMANT: VIOLA E. RICE, Address: CHARLOTTE HALL, MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lymphosarcoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
DUE TO, OR AS A CONSEQUENCE OF: 2001
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 2001

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** thot (I) (this hospitol) ottended the deceosed from 1-28, 1967, to 3-5, 19 68, thot (I) (we) lost sow the deceosed olive on 3-5 19 68, ond thot in (my) (our) opinion deoth occurred on the date ond hour ond from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.

22b. SIGNATURE: F. M. Johnson M.D. DEGREE — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 3-5-68
22d. PHYSICIAN'S NAME (Type): F. M. JOHNSON MD
22e. ADDRESS: LA PLATA, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-8-68
23c. NAME OF CEMETERY OR CREMATORY: BETHEL CEM.
23d. LOCATION (City or Town) (County) (State): BUDDS CREEK, MD.

24. FUNERAL DIRECTOR ADDRESS: HUNTT FUNERAL HOME WALDORF, MD.
25a. REC'D BY REGISTRAR DATE: MAR 12 1968
25b. REGISTRAR'S SIGNATURE

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04032

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04015

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
CHARLES	ENGLE	WILLIAMS	3-6		1968	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Male	White	April 17, 1929	38 YRS.					3-6		1968	7:30 P.M.

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	USA		CHARLES Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Waldorf	Hamilton Road	State Trooper	State Police

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
Md.	Charles	Waldorf		Hamilton Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Daniel	Edgar	Williams	Louise		Taylor

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT (Wife)	ADDRESS
Yes	Korean War		Mrs. Donna K. Williams	Antioch Ave., Princess Anne, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4221

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED March 7, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	March 10, 1968	Shad Point Cemetery	Salisbury, Wicomico Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAND	MAR 12 1968	Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 2 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

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VR A15ME (5)
10M REV. 1/68